Managing director	Clerical supervisor		Person in charge

Notification of Change of Covered Dependents (Removal)

Attachment Document (1): Please attach the insurance card or eligibility confirmation or eligibility notification document of the dependent to be deleted. If you have lost Health insurance card or Eligibility confirmation document, please attach the "Insurance card・Eligibility confirmation document Reissue due to Loss or Damage Application Form."
Attachment Document (2): To delete a dependent due to the start of receiving employment insurance, please attach a copy of the employment insurance benefit qualification certificate which lists the start date of receiving employment insurance.

Submission date:	9. Reiwa	(Y)	(M)	(D)

Section for insured person					
Insured person code		Insured person number		Date of birth	5. Showa 7. Heisei (Y) (M) (D)
Name	(Furigana) (Last name)	(First name)	Address	Postal code	
				Telephone number – –	

Section for confirming insured person	☐ I wish to issue a certificate of losing qualification
⇒ Mailing address for certificate of losing qualification (not required when the same as the address of the insured person)	Postal code

Section for dependent							
Name	(Furigana) (Last name)	(First name)	Date of birth	5. Showa 7. Heisei 9. Reiwa	(Y) (M) (D)	Gender	1. Male 2. Female
			individual number				
Relationship		Date of removal as a dependent	7. Heisei 9. Reiwa	(Y) (M) (D)	Reason		

Section for dependent							
Name	(Furigana) (Last name)	(First name)	Date of birth	5. Showa 7. Heisei 9. Reiwa	(Y) (M) (D)	Gender	1. Male 2. Female
			individual number				
Relationship		Date of removal as a dependent	7. Heisei 9. Reiwa	(Y) (M) (D)	Reason		

Section for dependent							
Name	(Furigana) (Last name)	(First name)	Date of birth	5. Showa 7. Heisei 9. Reiwa	(Y) (M) (D)	Gender	1. Male 2. Female
			individual number				
Relationship		Date of removal as a dependent	7. Heisei 9. Reiwa	(Y) (M) (D)	Reason		

Date request received (stamp)

Office address	Postal code
Name of office	
Name of employer	
Telephone number	( )

Labor and social security attorney submitting the application on behalf of the insured

Mercari Health Insurance Association